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## INCISED WOUND OF FEMORAL ARTERY.

[Communicated for the Boston Med. and Surg. Journal.]

THE practical considerations of the following case, induce me to offer a brief notice for publication.

J. DEANE.

*Greenfield, June 17, 1855.*

A young man, in a fit of intoxication, inflicted a deep punctured wound in his thigh, with a large knife he was brandishing about. It was followed by an enormous escape of blood, which instantaneously rendered him pulseless and apparently lifeless. He rallied, however, but it was many hours before circulation returned to the wrist. During this state of physical depression, the hemorrhage ceased entirely, and it was hoped permanently.

It was a fallacious hope. There was a slight loss of blood upon the succeeding day, which was easily stayed, and no further bleeding occurred during a period of more than three weeks, when it was repeatedly and profusely renewed. At this juncture my connection with the case commenced. The patient was exsanguinous; and upon removing the dressings, the anterior half of the thigh was seen to be vastly distended, and there was an opening through the integuments at its summit, directly over the course of the femoral artery, as it is crossed by the sartorius muscle. This opening was distended with coagula, and its margins were hot and tumid. It was evident, upon this inspection of the limb and upon a review of the facts, that no other than the femoral artery could deliver the perilous hemorrhages that so exhausted the patient, and that summary means to arrest these discharges should be no longer delayed.

An incision through the integuments and cellular tissues was carried from one extremity of the swelling to the other, an extent of ten inches, which exposed the deep-seated fascia. Upon introducing a finger into the puncture of this membrane, it was met by a powerful emission of arterial blood, which was arrested by compression upon the pubis. The glistening fascia was then divided to an extent corresponding to the external incision, which liberated an immense quantity of coagula, leaving the thigh thoroughly excavated. It could then be demonstrated that the femoral artery was

severed, and in consideration of the inflamed condition of this vessel and its investments, below the origin of the profundus, it was deemed most expedient to apply the ligature above, at Poupart's ligament, which was accordingly done.

From that moment, the hemorrhage ceased, and the cure proceeded to a rapid and successful termination. Re-action was speedily established in the limb; the ligature was detached in three weeks, and in another week the patient sat up. This gratifying success must be attributed, in a great degree, to the free division of the walls of the artificial sac, which was thereby brought at once into a condition of adhesive inflammation.

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#### SPONTANEOUS DISAPPEARANCE OF AN ABDOMINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I saw, in a late number of the Journal (page 392), an account of the spontaneous disappearance of an abdominal tumor, by the bowels. It brought to my mind a case that I once treated.

Mrs. Ford, at the age of about 50 years, became unwell with what was considered, by her physician, colic. The attacks were very severe, and she had, at times, a great deal of distress in the head. In the meantime, an enlargement of the abdomen was noticed, with permanent distress through the bowels. This sickness commenced in March, 1839, and though she is still alive, she is not now able to sit up much. The enlargement of the abdomen continued to increase. It was supposed to be caused by an ovarian tumor, and her physicians (for she had many of the best in the vicinity before I prescribed for her), supposed that it would kill her. But at length the tumor began to discharge at the navel, and after awhile it gave way below, the contents passing out through the vagina. At present she is so emaciated that her spine can be felt through the walls of the abdomen.

The question is, did the discharge pass through the Fallopian tubes into the womb, and so out, or was there an adhesion between the tumor and the vagina, and ulceration through the parts at this point of adhesion? The discharge at length ceased.

I will not attempt to detail the treatment in her case, she having been sick so long, and under the care of such a variety of physicians. I will simply say that nothing seemed to do her any good, except when she had her colicky and other acute attacks. Her constitution is nearly destroyed. Conversation, and the walking a few times across her room, by a neighbor, will tire her, so that she will rest very little the following night. At one time when I visited her, she showed me a pin, which she said she took, as she thought, from the urethra. It had shreds of what seemed to be mucous membrane around it, near the head. She said she recollects having swallowed a pin quite a number of years previous to her illness.

The pin was found some years, at least, after the tumor had disappeared. The feeling of distress in the bowels did not leave her till this pin was found, and then, she said, it nearly ceased. Previously to the commencement of the sickness, in 1839, her health was very good, and she was able to take a great deal of exercise in household matters and otherwise. She has had very little medical advice for the last five years, and for the last ten has been hoping and expecting that her days would soon end. Is it possible that the pin could have had anything to do with her sickness?

N. L. FOLSOM.

*Portsmouth, N. H., June, 1855.*

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#### CASE OF INFANTILE SYPHILIS.

BY J. E. THOMPSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

On the 22d of November, 1854, Mrs. W. was confined with her first child. The child was large and fleshy at birth, and nursed remarkably well for about ten days; it then grew fretful and refused to take the breast. On the fourteenth day a small eruption was noticed upon the face, arms and lower extremities; whereupon the mother took it to an old lady in the neighborhood to have it "doctored for the thrush." She "tea'd" it for about two weeks, but the child grew worse instead of better. On the 3d of February, 1855, the child was brought to my house. Not being at home I did not see it, but got the following description of its symptoms; viz., its face, arms and lower extremities were covered with darkish-yellow ulcers with purple edges, from the size of a pea to that of a quarter of a dollar, discharging a dark-yellow matter, rather offensive. There were several ulcers in and around the eyelids. Its lips were ulcerated, so that when its mouth was closed for a few minutes it could be opened only with much difficulty and pain. There were also several large ulcers upon its tongue, and seemingly in its throat, from the cough, expectoration, difficult respiration, and inability to cry. The bloody matter might, however, have come from the mouth at that time. The next time I heard from the little sufferer, Dr. Requa, then their family physician, was waiting upon it, expecting it to die every day.

On the 13th of May I was called in haste to see the child, and found it almost suffocated, the face livid and much swollen. The ulcers now covered its whole body; I counted seventy, from the size of a half dollar to a bit, to say nothing of smaller ones. They appeared deep, a darkish-yellow in the centre, with purple margins, discharging quantities of dark-yellow matter, quite offensive. There were ulcers in and around the eyelids, so that when they were opened a bloody discharge would trickle down its cheeks. The frenum of the glans penis was deeply ulcerated, and there were

several sores upon the body of the penis. The urethra was smaller than natural, the contraction almost amounting to a stricture. The scrotum was also ulcerated. The lividity of the face and difficult respiration excited my fears that the child would not survive long; but upon examining its nose, I found that both nostrils were plugged. I immediately extracted a substance from the left nostril, of the size of a common garden bean, covered with a bloody, inspissated mucus, and one from the right, about the size and shape of a large pea. These substances were about the hardness of a grain of corn. After these were taken away, it breathed a little easier, and its color became more natural; the pulse was excited; there was a dry, hacking cough, with inability to cry. Its tongue and mouth were so much ulcerated that it could not nurse, which in my opinion was better for it, as the mother's health was not remarkably good. The bowels were constipated and tender upon pressure; urine highly colored, streaked with blood, scanty, passed with pain, and containing a good deal of sediment. Both fontanelles were as open as at birth. The child had a chill the morning before I saw it, at 12 o'clock. The former physician had given it four one-grain quinine powders the first day he saw it; he then gave it equal portions of bi-tartrate of potassa and flour of sulphur—a teaspoonful three times a-day for ten days, and ten drops of vinegar of squills four times a-day for five days. I gave five grains of hydrarg. sub. mur. every two hours till the bowels were moved. After the mercury acted, I gave the following tonic—R. Quiniæ sulphat., salicina,  $\ddot{\text{a}}\ddot{\text{a}}$  gr. xij.; piperine, gr. ix., to be divided into twelve powders—one to be taken every two hours in honey. In connection with the tonic, I ordered syr. scillæ comp., f  $\frac{5}{3}$  ij., with spt. aetheris nitrosi, f  $\frac{5}{3}$  iij., as much to be given as the child could bear every hour and a half, and ordered ung. hydrarg. mit. to be spread upon lint and applied to the ulcers twice daily, and to be washed as often in Castile soap and soft water, and a weak solution of argent. nit. crys. to be applied to the eyes and eyelids twice a-day, and three grains of hydr. cum creta to be given once a-day for twelve days; linen to be worn next to the body, and sago and weak milk and water for a diet.

June 8th.—The child is hearty and growing finely; it begins to bear its weight upon its feet. The ulcers are all well, and the skin is clear. Where the ulcers were situated, there are dark-red cicatrices. The eyes are not quite well yet, owing to its having rubbed them with its hands. The probability is, the child will never be sound, and yet it may have tolerable health.

I questioned both parents with reference to their having had syphilis. They said not to their knowledge; but I was told, a few days ago, by a physician of considerable note, that he had attended the mother about three years previous to her marriage, for syphilis, and that pretty bad, too.

This case is of interest to me, from the fact of its being the first

of the kind I have seen; though it is not quite like the two cases reported by Dr. H. W. Williams, before the Boston Society for Medical Observation, April 16th, 1855, and in the Boston Medical and Surgical Journal, Vol. LII., page 254.

*Bates Co., Mo., June, 1855.*

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#### ADHERENT PLACENTA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—If the following very short article is deemed worthy of admission to your pages, you are welcome to it.

Yours, &c., W. HOOKER.

*New Haven, Ct., July 13, 1855.*

In the Records of the Boston Society for Medical Improvement, reported in the Journal of July 5, I see a case of adherent placenta reported by Dr. Storer, in which the adhesion occurred for the second time. It reminded me of a remarkable case of the same character in my practice. In this case the adhesion occurred every time that the woman was pregnant, which was five times. The woman was, as in the case of Dr. Storer, perfectly healthy, always had a good getting up, and the children were plump and strong, showing that there was no defect of nutrition from the state of the placenta. I attended upon her four times, and at each time the adhesion was firm throughout, and the flowing was considerable. In her fifth confinement the case had passed out from my hands, and I have had no direct report from the physician who attended upon her. I learned enough, however, to be satisfied that she died from the flowing consequent upon adhesion of the placenta.

*Extensive* adhesion of the placenta is fortunately not a very common occurrence. In 1273 cases of midwifery which I have attended, adhesion took place nine times. In three of these it was not extensive. In six of them it was extensive, and four of these occurred in one person, as related above.

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#### ON CANCER OF THE LIP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—I have preserved but few of my cases of cancer of the lip. The two following are at your service.

CASE I.—John Marble, æt. 63, presented himself at my office with a large ulcerated tumor on his under lip, where his tobacco-pipe had long been accustomed to rest. He had had a tumor severed from his lip some time previous, by Dr. Campbell, of Scotland. I removed this tumor, and re-united the lip by two hare-lip pins. It healed kindly. In about one year the sub-maxillary gland began to enlarge. Iodide of potassium was given. The

progress of the disease was slow, and the tumor finally reached the angle of the jaw and parotid gland. The power of mastication was lost, and the patient subsisted on gruel and broths. Matter began to ooze from it, at different points, outside and inside. Hemorrhage occurred, at first slight, but soon to a frightful degree. It was restrained temporarily by astringent injections, but the patient soon died from exhaustion. Ought not the sub-maxillary gland to have been removed early?

CASE II.—John Hanna, of Ireland, æt. 74, had a very large fungous tumor on the lip at the place occupied by his tobacco-pipe. The growth was kept down by the application of strong escharotics. It ulcerated and enlarged rapidly. I removed the tumor, with the advice and assistance of Dr. Steele, and with it two thirds of the lower lip, the apex of the triangular piece removed extending to the end of the chin. The wound was closed with stitches as far as practicable. It healed in good time, and with comparatively little deformity. About one year afterwards, the disease began again to show itself under the chin, extended rapidly to the throat, and destroyed him.

I have found many of the worst cases of cancer of the lip to occupy exactly the resting place of the tobacco-pipe. Is it not well to warn inveterate smokers of this, that they may foresee the evils of smoking, and avoid its fatal consequences? For many years I have felt doubtful of the propriety of operations on cancers of certain localities, especially the female breast, the testicle, and the lip. My experience in cases of cancerous lip has been considerable, but I need not string out cases—the profession needs nothing farther from me on this subject. I will only say, that among many cases that were failures, I have found some perfectly successful. Hence we will try to distinguish between them in future. Yet in many unfavorable cases we feel assured that life has been prolonged by operations, even when they have failed to cure.

FERRIS JACOBS, M.D.

*Delhi, N. Y., May 22, 1855.*

#### ON SECONDARY INFLAMMATION OF THE JOINTS.

[WE copy from the *Lancet* the following abstract of an interesting paper with the above title, read before the *Harveian Society* of London, on the 17th of May, by Mr. COULSON.—EDS.]

These inflammations, he said, occur during the course of other disorders. They are not accidentally associated with them, but evidently connected by some peculiar link with the primary affections, as is shown not only by the peculiar characters of the secondary diseases, but by the frequency of their occurrence during the course of the primary affection. The term "secondary inflammations" is applied by the author to these diseases of the joints in order to leave open the question of their nature; but he

is disposed to affirm that more accurate and extensive investigations will enable us to ascend one step higher, and trace them all to blood-poisoning. Having related the details of a case of gonorrhœal rheumatism, the author observed that the points of most interest in connection with these secondary inflammations of the joints are:—1st. What are the primary diseases with which they are allied? 2d. What is the nature of these secondary affections? are they of rheumatic origin, as the name given to them generally would lead us to suppose, or are they specific inflammations? 3d. If specific inflammations, does each group acquire its specific character from the primary disease on which it depends, or can we trace the whole class of secondary joint affections to one general law, giving to all the same character independently of the particular disease from which the group appears to originate? According to the author, the chief primary diseases or conditions with which these secondary inflammations are connected may be divided into seven groups. They are—1. The puerperal stage, giving rise to puerperal rheumatism. 2. Exanthemata, especially smallpox and scarlatina, producing inflammations of the joints generally attributed to rheumatism. 3. Injuries to the genito-urinary apparatus of the male. 4. Gonorrhœa, followed by so-called gonorrhœal rheumatism. 5. Animal poisons, especially that of glanders. 6. The state of new-born children. 7. Injuries, amputations, &c., followed by purulent inflammation of the joints. In speaking of puerperal rheumatism, the author pointedly alluded to the error committed by many writers, who join the name of rheumatism to the articular affections which occur in puerperal females. These differ from true rheumatism in every essential particular—in the general and local symptoms, in the course, in the result, and in the effects of remedies. The general symptoms of acute rheumatism are inflammatory; those of puerperal arthritis are eminently atonic. Besides this, the general symptoms which accompany the articular affections of puerperal women do not belong to the joint diseases; they do not correspond to any known class of fevers, but they depend on a peculiar state, which has been traced to purulent infection of the blood. The general signs of the rheumatic diathesis are absent in these and other cases of an analogous kind—a circumstance which should be decisive of the question. The course of the two affections is different; although the local symptoms are much less violent in puerperal arthritis, it runs a much more rapid course than rheumatism, however acute. The local symptoms are altogether disproportionate to the effects produced on the joint—supposing the disease to be rheumatism. Acute rheumatism hardly ever ends in suppuration; whereas effusion of pus within the cavity of the joint is the main character of the puerperal disorder. The results are different; for rheumatism of the joints, *per se*, never proves fatal; whereas nearly all the cases in puerperal women terminate in death. Remedies, therefore, produce no effect in the latter diseases; while rheumatism, in all

its forms, is amenable to treatment. Puerperal arthritis may occur after parturition, or after abortion, during the early period of pregnancy. It may, or it may not, coexist with puerperal fever; and hence the great diversity of general symptoms observed in different cases. Sometimes the articular disease is merely one of the effects of uterine phlebitis, the general symptoms being those of purulent infection of the blood. In other cases, we have uterine phlebitis followed by puerperal fever, and complicated with purulent absorption. Here the two orders of general symptoms, viz., those of puerperal fever and those of purulent infection, coexist. The secondary puerperal inflammations of joints have a tendency to run a very rapid course. The purulent effusion sometimes occurs within a few hours after the first symptoms of pyæmia. Several joints are attacked in succession. The cartilages are apt to suffer, being often softened, abraded or absorbed. Effusions of pus often exist around the joint, and in the centres of the muscles; and the limb is frequently affected with an edematous swelling, which much resembles phlegmasia dolens. In the great majority of cases, the inflammation is purulent; more or less pus is effused within the cavity of the joint, and the synovial membrane is injected, though it may happen that the injection is very slight. In other cases, the purulent deposits take place outside the joints. In a few cases, the articular inflammation is non-purulent, although deposits of pus are formed in the neighboring muscles. Finally, in some cases, the inflammation of the joints is simple and slight, terminating of its own accord in a few days. The next group noticed by the author, is that connected with injuries to the genito-urinary system of the male. The secondary affections of this group are usually purulent, though often simply inflammatory. The pus deposits exist very often exterior to the joint, as often, perhaps, as in the joint itself. The course of these inflammations is irregular: in some cases they are very acute; in others, the series of attacks, though sub-acute, is spread over a long period of time. Here the pyæmia appears to be of a chronic kind; and the secondary articular affection may terminate favorably. It is remarkable that many of these diseases appear to be produced by mere irritation of the urethral membrane; but Mr. Coulson thinks that, in such cases, ulceration or phlebitis has existed in some part of the genito-urinary system, the irritation merely acting as an exciting cause of absorption of the pus. The articular disease, improperly called gonorrhœal rheumatism, is next considered; after which the author notices the well-known group connected with wounds and injuries. Inflammation of the joints connected with blood-poisoning from the introduction of certain animal poisons, is then described. Mr. Coulson connects this group with glanders, the only poison whose effects on the joints has yet been studied. The articular inflammation which appears during the course of glanders is generally purulent, though sometimes simple. Its principal character is chronicity; the blood

seems to be affected by many successive poisonings, and hence, perhaps, the reason why the articular inflammation is occasionally simple, although the primary disease is essentially purulent. The secondary joint diseases connected with smallpox might be placed in the preceding group; but, in compliance with received opinions, the author classes them under the exanthemata. These variolous inflammations are sometimes purulent; but they are commonly slight, and terminate spontaneously in a few days. Scarlatina is also attended by a peculiar inflammation of the joints, which has latterly attracted much attention, although its history is still obscure. Many physicians persist in regarding it as rheumatic; but while Mr. Coulson admits that epidemic rheumatism may coexist with epidemic scarlatina, he believes that most of the cases which have been described as rheumatism are really secondary inflammations of the synovial membrane, of the kind described in this paper. From these considerations the author is disposed to infer that the seven groups of secondary inflammations of the joints, which he has described, may be all referred to one specific cause, viz., infection of the blood. Moreover, he attributes five out of the seven to purulent infection of the blood; while he attributes variolous and gonorrhœal inflammations to the same cause, though with a certain reserve, as not yet fully established. The circumstances of these inflammations being often simple, Mr. Coulson says, is not conclusive against their connection with blood poisoning, because the articular inflammation consequent on pyæmia is not invariably of a purulent nature.

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#### ON THE INDUCTION OF SLEEP AND ANÆSTHESIA BY COMPRESSION OF THE CAROTIDS.

BY ALEXANDER FLEMING, M.D., PROFESSOR OF MATERIA MEDICA, QUEEN'S COLLEGE, CORK.

WHILE preparing a lecture on the mode of operation of narcotic medicines, I thought of trying the effect of compressing the carotid arteries on the functions of the brain. I requested a friend to make the first experiment on my own person. He compressed the vessels at the upper part of the neck, with the effect of causing immediate deep sleep. This experiment has been frequently repeated on myself with success, and I have made several cautious but successful trials on others. It is sometimes difficult to catch the vessels accurately, but once fairly under the finger, the effect is immediate and decided.

There is felt a soft humming in the ears, a sense of tingling steals over the body, and, in a few seconds, complete unconsciousness and insensibility supervene, and continue so long as the pressure is maintained. On its removal there is confusion of thought, with return of the tingling sensation, and in a few seconds consciousness is restored. The operation pales the face slightly, but

the pulse is little, if at all, affected. In profound sleep the breathing is stertorous, but otherwise free. The inspirations are deeper. The mind dreams with much activity, and a few seconds appear as hours, from the number and rapid succession of thoughts passing through the brain. The experiments have never caused nausea, sickness, or other unpleasant symptom, except, in two or three instances, languor. The period of profound sleep, in my experiments, has seldom exceeded fifteen seconds, and never half a minute.

The best mode of operating is to place the thumb of each hand under the angle of the lower jaw, and, feeling the artery, press backward, and obstruct the circulation through it. The recumbent position is best, and the head of the patient should lie a little forward to relax the skin. There should be no pressure on the windpipe.

The internal jugular vein must be more or less compressed at the same time with the carotid artery; and it may be thought that the phenomenon is due, wholly or in part, to the obstructed return of blood from the head. I am satisfied that the compression of the artery, and not of the vein, is the cause. The effect is most decided and rapid when the arterial pulsation is distinctly controlled by the finger, and the face loses somewhat of its color; and, on the other hand, is manifestly postponed and rendered imperfect when the compression causes congestion of the countenance.

This mode of inducing anæsthesia is quick and certain. The effects diminish immediately when the arteries are relieved from pressure, and are not liable to increase, as happens sometimes from chloroform and ether, after the patient has ceased to respire the vapors. So far as my experience goes, it has shown no tendency to cause faintness; and usually, after its employment, no unpleasant feeling whatever remains.

I think it may be found useful as a remedial agent in certain headaches, tetanus, asthma, and other spasmoid diseases, and to prevent pain in such small operations as the extraction of a tooth or the opening of an abscess. Whether the compression can be continued *with safety* sufficiently long to make it available in larger operations, has to be ascertained. But, whatever be the practical value of this observation, it is at least interesting as a physiological fact, and may be the means of throwing light on the causes of ordinary, medicinal and hypnotic sleep, and of coma. Some facts encourage the supposition that the circulation of the brain is languid in ordinary slumber, and the etymology of the word carotid shows the ancient belief in the dependence of deep sleep on some interference with the passage of the blood through these vessels; and it is not an unreasonable conjecture, that hypnotic sleep may be sometimes caused or promoted by the contracted muscles and constrained position of the neck compressing the carotid arteries, and diminishing the supply of blood to, and pressure on, the brain.

—*British and For. Med. Review*, in *Charleston Med. Jour.*

**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Hysteria, with abdominal Tumor, disappearing after antispasmodic Treatment.* (Under the care of Dr. STORER. Reported by Mr. J. C. WHITE, Medical House Pupil.) Patient, a girl of 14 years, entered Massachusetts General Hospital May 24th, under care of Dr. Shattuck. Muscular and cellular tissues well developed. Countenance full, of good color, and expressive of no disease or suffering. A tumor was felt on median line of abdomen, extending from epigastrium to within an inch or two of umbilicus, soft, uniform, movable, apparently not in abdominal walls. Reported by patient as varying in size till within three weeks, since which time it has been stationary. Dull on percussion, and very prominent to eye. Thinks tumor commenced just to left of umbilicus, about a year ago, but within last eight months it has increased much. She was examined, both before and after entering the Hospital, by many physicians, and as many opinions were expressed as to its probable character. Says she formerly laced very tightly. Tongue reddish; bad taste in mouth; anorexia; digestion difficult; habitual constipation. *Has never menstruated.*

25th.—Three dejections yesterday, the last with blood; one this morning natural. Complains of (dizzy) headache. Yesterday, P.M., had a severe attack of abdominal pain, lasting an hour, during which the tumor became tense and resonant, except over its right upper portion. Farinaceous diet.

26th.—Three months ago, first noticed three or four lumps of the size of a bullet, in left mamma, in which she has occasional shooting pains, extending to shoulder. Headache. Slight abdominal pain in the afternoon of yesterday.

30th.—Sharp pain yesterday in hypogastrium, with *globus hystericus*. One paroxysm so severe that she fell out of bed, during the muscular contortions it occasioned. Now in bed. Distance longitudinally from umbilicus to xiphoid cartilage, 7 inches. Swelling rather more prominent than at last report. Parietes of abdomen can be raised above it. Two dark, consistent dejections. R. Spt. eth. sulph. c. 3j.; essent. uva ursi, 3ss. 2 t. d. Chloroform to tumor if necessary.

31st.—Severe pain yesterday in afternoon; not relieved by application of chloroform. Under care of Dr. Storer after this date.

June 1st.—As yesterday. R. Tr. valerian, tr. humuli, tr. assafæt., aa gtt. xx. ; aqua, 3ss. M. Every four hours.

2d.—*Enlargement in abdomen subsided* yesterday, after second administration of remedy, and is now absent.

5th.—In bed. Speaks of distension in epigastric region. Some puffiness of face. Tumefaction previously noticed returned in a degree. Bowels constipated. R. Pil. aloes et myr., gr. x. ; pulv. assafætidæ, gr. ij. M.

6th.—Again relieved from enlargement. Catamenia now present for first time.

Patient continued to improve, without return of the tumor or farther abdominal pain, up to 9th, when she was discharged by request. Expressed herself as feeling better than at any time for a year past.

*Ascites and Anasarca; Death; Autopsy; Peculiar Disease of the Liver.* (Under the care of Dr. STORER. Reported by Mr. J. C. WHITE, Med. House Pupil.) June 23d.—Patient, a clerk, from Sweden, has been 18 years

in this country, living in Boston and St. Johns. Was in Hospital four years ago for scrofulous disease of knee. Since then, has been feeble and has done but little work. The next year noticed slight swelling of legs, which soon subsided. During past year has had excessive thirst, with sensation of internal heat, attended with great excretion of urine—not so much of late. Twelve weeks ago, swelling of lower extremities commenced, extending to scrotum and abdomen. Within a short time, pain in lumbar regions noticed. Previous habits, temperate.

Considerable emaciation; abdomen very tense; fluctuation very evident. Circumference, just above umbilicus, 31 inches. Tenderness on pressure just below the border of right ribs, where a firm, resisting body is distinctly felt. Scrotum considerably swollen. Great anasarca of lower extremities. Dyspnoea considerable. Amount of urine passed during day, about one quart. Pulse 90.

Analysis of urine by Dr. Bacon. "Morning urine acid. D. 1.009. A small deposit of casts of the tubuli of the kidney and epithelial cells. No oil globules seen under the microscope. The albumen obtained from 1,000 grains of the urine weighs 5.60 grains, equivalent to 56-100 of 1 per cent." June 28th.—After free catharsis, following administration of elaterium, abdomen considerably diminished. Complains of prostration. Wine whey, *pro re nata*.

29th.—Diarrhoea yesterday morning, checked by tannin, gr. ij. Rejected dinner.

30th.—Notable diminution of abdomen; now, upon examination, a firm resisting body is perceived extending from right hypochondrium down to a line with umbilicus, and forward to linea alba. Less tenderness complained of on pressure. Four loose dejections. R. Tannin, gr. ij. ev. three hours.

July 2d.—Somewhat delirious during night. Apparently unconscious since yesterday morning. Now answers no questions. Temperature of skin natural. Pulse 100. Urine drawn by catheter while moribund; "acid; D. 1.008. A very small deposit of epithelial cells. No casts of the tubuli found. The albumen was not determined quantitatively, but the proportion was evidently less than in the specimen examined on June 26th."—(Dr. Bacon.)

Continued comatose up to 6 o'clock, P.M., 3d inst., when he died.

*Extracts from report of Autopsy by Dr. C. Ellis, 16 hours after death.*

*Brain, lungs and heart not remarkable.*

*Liver.*—Weight 7 $\frac{1}{2}$  lbs. One foot in length. Right lobe 11, left 8 inches, in breadth. Color, externally, yellow. Upon the surface were numerous shallow depressions or cicatrices several lines in diameter, the tissue at base of which was dense, of a bluish white color and extended for a short distance into substance of organ. Some shreds of lymph on posterior surface. The cut surface was rough to the feel, and substance when torn decidedly granular. The organ was very firm, and presented everywhere the same structure, viz., a homogeneous, semi-translucent, bluish-white, or very light-red substance, looking like very firm colloid, and cutting smoothly. Scattered about irregularly in this were numerous, light-yellow, opaque portions about a line in diameter, looking like the lobules of the liver. Under the microscope, the yellow portions were distinguished from the others by the quantity of yellow coloring-matter which they contained. All parts looked as if composed of cells, and many of the latter were seen floating about. Some of these were evidently those of the liver filled with granular matter, which entirely obscured their nuclei. A few hepatic cells were seen, in

which the nuclei were still visible. There was hardly any fibrous structure, and very little, if any, fat.

*Spleen.*—Weight 1 lb. 5½ oz.; 7 inches long, 4 broad; covered with a thick, dense, false membrane, by means of which it was connected to all of the surrounding parts. Substance of dark-red color, and more firm than usual.

*Kidneys.*—Right weighed 10 oz.; left, 10½ oz. Each measured 6 inches in length and 3 in breadth. Capsule removed with ease. Externally quite smooth, with exception of a few shallow depressions. Surface of pale yellow or yellowish-white color, with some arborescent vessels scattered about. Cortical substance of same color throughout. Cones somewhat broader at their bases than usual. On microscopic examination the tubuli in both cortical and tubular portions had lost their lining of epithelium, and had a more irregular, broken appearance than usual. The epithelium cells were small and granular. No fat. In the vesiculae seminales was found a yellow substance, closely resembling the soft part of a cream-cake. In this were numerous spermatozoa, and many round corpuscles, with a somewhat granular aspect, to which no name was given.

Other organs normal.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th, 1855.—*Poisoning by Laudanum; amount taken, half an ounce; intent, suicidal.* Reported by Dr. G. H. LYMAN.—Dr. L. was called at 11½ o'clock, P.M., March 29th, to see J. K., aged 35, very robust and healthy. A few minutes past 11, he had taken half an ounce of laudanum, with suicidal intent; he had been drinking more or less for two or three days, but not to excess. At 10 minutes before 12, Dr. L. found him in bed, perfectly sensible, rather excited, pupils natural and sensitive to light, hearing not affected, pulse 100; administered a tablespoonful of mustard in half a tumbler of water, and sent for zinc—obliged him to rise and dress. At 12, he began to be very drowsy, and complained much of cold and rigors; administered sulphate of zinc, ʒ. At 12 and 7 minutes, he vomited a pint of fluid of the consistence of gruel, having the odor of laudanum and mustard. Drowsiness much increased. At 12.12, gave 15 grains more of zinc. At 12.30, sent him to walk in the open air for 15 or 20 minutes, which aroused him; pulse, when he returned, 130; expressed himself as perfectly well, but in five minutes fell asleep! Easily aroused, but the sopor increasing, sent him round the Common (distance about 1 mile) in charge of his brother and assistants. Having nearly completed the circuit of the Common, Dr. L. met him at his (Dr. L.'s) house, a few minutes past 1, A.M., March 30th. He said he was "all right," looked like a man slightly intoxicated—had fallen asleep twice while walking, pulse 120, a good deal of conjunctival injection, pupils natural and sensitive to light. In a few minutes began to nod and complain of muscular debility and cold; begged hard to be allowed to sleep, could with difficulty stand alone; sent him round the Common again. Saw him at his own home shortly before 2; he was nodding incessantly, unless talked to. Allowed a stream of Cochituate water to play on his head for a few minutes, and then sent him out again, with directions to be kept moving. At 3, he had violent retching and

straining, probably owing to the second dose of zinc, given three hours previously; nothing thrown off. At 5, he took a cup of very strong pure coffee, and was allowed to go to bed, and at the end of an hour, finding that he was easily aroused, he was left to himself.

9 o'clock, A.M., comfortable; no action of bladder; some dryness of fauces; eyes still injected; gave a cathartic.

March 31st.—About his business.

Dr. Lyman remarked that in the paper read by the Secretary in 1854 (Records, Vol. II., page 107; *American Journal of Medical Sciences*, October, 1854) two cases are given from the Society's records, in which the dose was half an ounce of laudanum; both recovering; and others, in which 3½, 8 and 10 grains of opium, or 87, 200 and 250 drops of laudanum, respectively, proved fatal. The minimum fatal dose has been stated at 4 grains of opium, or 100 drops of laudanum; and, on the other hand, several cases have been reported here in which one ounce of laudanum was taken with impunity; and one of two ounces, one of *ninety* grains, and one of *one hundred and twenty* grains, all of which recovered.

Dr. L. added, that the smallest amount causing death, in an adult, in cases stated to this Society, was one ounce of the tincture. There have been two fatal cases from ingestion of this quantity, and one of which he had reported. Estimating a drachm at 120 drops, and 25 drops as equivalent to one grain of opium, the amount taken in this case would be 480 drops, or 19 1-5 grains. Though the symptoms were at no time very alarming, and in fact the dose much less than generally taken by suicides, Dr. L. thought it proper to report it, the Society having already a large number of cases recorded.

Dr. BLAKE related the following case:—

*Over-dose of Laudanum; Special Symptoms; Treatment by Emesis.*—On Friday, March 16th, at 10 o'clock, A.M., Miss B., set., perhaps, 60 years, swallowed a large-sized table-spoonful of laudanum handed her by an Irish domestic (who had been particularly cautioned against mistake), instead of the same quantity of mist. ferri comp., which was in a vial of corresponding size; the former having been prescribed by her physician to be used, locally, with poultices for carbuncle, with which the patient was suffering, and the iron as remedial of debility, which her aspect strongly indicated. The error being at once discovered, a dose of ipecac. was speedily procured, and taken, with the effect of causing her to vomit immediately, as was stated—the rejected contents of the stomach having neither the odor nor color of laudanum. In the absence of her physician, Dr. B. was called. His attendance extended through two and a half hours (making about three hours from the time of the imbibition of the draught), during which period she had, in divided doses, a drachm of sulphate of zinc, with large draughts of warm water. The stomach responded readily, and free emesis followed the first portion taken, the vomited matter being tinged, as was supposed, by the laudanum. Vomiting was induced at intervals during the space of time mentioned, with the view to guard against narcotism, but from first to last there was no indication of *drowsiness* even, the patient saying, however, that she "felt as if she could go to sleep." Dr. B. did not see her again, but was subsequently informed that she slept none during the day, and had a wakeful night. There was every reason to suppose that the laudanum in this case was of *proper* strength, so far as appearance, odor and taste, and the character of the druggist furnishing it, could be taken as an indication.

Dr. HODGES gave the following account of a case where laudanum was taken with suicidal intent. The patient was a girl 15 years of age. Dr. H. saw her at 9 o'clock, A.M., the first symptoms having manifested themselves about 6 o'clock, A.M. There was spontaneous vomiting, and the ejected matters gave off the odor of laudanum. There was nearly complete narcotism; the pulse slow; skin livid; there were rigors; the patient was aroused with great difficulty. The amount reported to have been swallowed was one ounce, and which there was every reason to believe was taken on going to bed the night before. Attention was required throughout the day; emetics, coffee, &c., were employed. She went to bed early in the evening, slept all night without interruption, and awoke the next morning as well as ever. The laudanum was probably of good quality, as it was obtained of a reliable druggist.

Dr. STORER referred to the well-known fact of variation of strength in the laudanum dispensed by druggists. This tends to diminish the value of statistics in regard to the effects of this tincture. Apothecaries are not always to blame in this matter; they suppose that the preparation which they offer for sale is good.

Dr. Lyman said that the laudanum used in the case just reported by him, was pronounced to be of the best quality by a competent apothecary.

Dr. BIGELOW, Sen., remarked that he believed the usual estimate of the action of opium on the system, when administered by injection into the rectum, was insufficient; he thinks that it will act more than half as powerfully by enema as by the mouth. Dr. B. has one patient, a lady over 50 years old, who takes two ounces of the best laudanum, daily. She continues in very fair health, goes out, and visits freely. He coincided with Dr. Storer as to the fact of variation in the strength of laudanum. In a case of colic, he once observed that half an ounce of laudanum, in divided doses, produced no effect whatever. He had twice known an ounce of laudanum taken with suicidal intent, and no effect produced.

Certain apothecaries are in the habit of keeping two kinds of laudanum on hand; one being of far inferior strength to the other—the stronger tincture is usually dispensed by them in answer to the order or prescription of physicians; the weaker, when called for without such prescription. Dr. B. thought this practice very objectionable; only the preparation authorized by the *Pharmacopeia* should be dispensed. Other medicines are impaired in their remedial powers by adulterations and dilutions, as is well known. Substitution of one article for another, in medicinal preparations, is not uncommon; thus *antimony* is added to *wine of ipecac.*, and *syrup of poppies* derives an intenser anodyne power from being prepared with *morpheine*.

Dr. J. B. S. JACKSON condemned all these practices. If a diluted tincture of opium be furnished to the physician, much valuable time will certainly be lost in the treatment of critical cases. Druggists should refuse opium and its preparations to persons suspected of suicidal intent.

Dr. ABBOT remarked (referring to the syrup of poppies alluded to by Dr. Bigelow), that Wood & Bache, in a late edition of their Dispensatory, recommend that syrup be made with morphine. [In the last edition of the United States Dispensatory (1854), the authors continue the recommendation above mentioned, and in these words—"Its (*syrup of poppies*) place might, with great propriety, be supplied by a syrup prepared from one of the salts of morphia, which would keep well, and have the advantage of uniform strength. Four grains of the sulphate of morphia dissolved in

a pint of syrup, would afford a preparation at least equal to the average strength of the syrup of poppies, and much more certain in its operation."—(*Op. cit.*, p. 1208.) The latter clause of the above quotation may certainly be very true, but the illustrations occasionally afforded are by no means desirable. In the "Association Medical Journal," Jan. 26th, 1855, is the report of the death of a child, 15 months old, from the administration of *so-called* syrup of poppies. The case is, to all appearance, well authenticated. The quantity of opium taken, it is stated, could not have been more than one-eighth of a grain (3j. of the syrup was given), "unless the syrup were prepared from tincture or infusion of opium."—(Or from morphine?) When using *any* medicine, but especially any narcotic, is it not safest to call things by their right names? It may be said that more effect is often needed than can be obtained from so mild a preparation as *true* syrup of poppies usually is. Very possibly, but *then*, use more powerful means; not, at all events, unwittingly. Especially is caution requisite in the youthful patients to whom the above syrup is, almost exclusively, administered. In cough mixtures, if morphia form the basis of the syrup of *poppies*, it is not difficult to imagine the possibility of a fatal amount being taken, in the small, but frequently repeated, doses required.—**SECRETARY.**]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 2, 1855.

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TRIBUTE OF RESPECT TO DR. JOHN WARE, BY THE PROFESSION.—ACKNOWLEDGMENTS FROM PATIENTS TO PHYSICIANS.

As was mentioned in our last number, a preliminary meeting of several of the physicians of this city was held at the house of Dr. M. S. Perry, for the purpose of considering the best method of testifying the respect of the Profession for Dr. John Ware, and of welcoming him, at his return from Europe.

Doctors Perry, Gould, Lyman, Williams, E. H. Clarke, Buckingham, Alley and Hodges were present, and Drs. Lyman, Buckingham and Alley were appointed a Committee of Arrangements.

We can testify, from personal knowledge, to the zeal with which the propositions decided upon by the Committee were carried out by them; and the correspondence which we have published, demonstrates in the most gratifying manner both the high estimation in which the invited guest of the Profession is held, and his own thorough appreciation of the attention shown to him, while obliged, on account of his health, to decline the invitation so cordially extended.

While upon this subject, we are induced to add the expression of our most hearty approval of the bestowal of various gratifying attentions upon long-tried, faithful, and in some instances, poorly-compensated, physicians; and this, not by their professional brethren alone (from whom, indeed, such a recognition of worth is truly grateful), but from the public, or at least from that portion of it more peculiarly indebted, in individual cases.

In Europe, this is not an uncommon occurrence. We happen to know of several such kindly and honorable demonstrations, and in one or two of the instances the festivities were *solidified* and garnished by valuable gifts to the medical friend and adviser of many years. Such things are alike

creditable and delightful. We wish it could be said of our own country—but we regret to acknowledge our entire ignorance of any such act on the part of a number of grateful patients towards their physician. While clergymen are often “agreeably surprised” by substantial and very acceptable tokens of remembrance from their parishioners, who will even make an excursion to their pastor’s summer retreat, and surround him with delicate attentions;—while lawyers and politicians are often nearly suffocated with ovations and gifts—year after year of the toiling physician’s life steals away, with the bare recognition of his invaluable services, made in answer to the formal demand of the semi-annual summons, and this, too often, with a shoulder-shrug, and the comment—“monstrous big bill!” How pleasant, by contrast, is the occasional expression of heartfelt, nay, even tearful gratitude—sometimes the only remuneration, for days of careful and anxious watching and responsibility for which *no gold can pay!* It is a pity that the public do not, more generally, enter into a right estimate of the feelings and trials of physicians, and recognize the claims which the latter have, at least to consideration, if gratitude be forgotten.

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**SECRET REMEDIES, AND CERTIFICATES FROM UNPROFESSIONAL PARTIES.**

In our last number we published a communication from an esteemed correspondent, condemning the indiscriminate recommendation of empirical remedies by those whose standing in the community lends weight and authority to their opinions, while their ignorance of medical subjects renders them wholly unfit to judge of the merits of a remedial agent. An advertisement is now paraded before the public, setting forth in extravagant terms the valuable properties of a secret medicine called “Peruvian Syrup,” whose efficacy in “cases of incipient diseases of the lungs and bronchial passages, dyspepsia, liver complaint, dropsy, neuralgia, &c.,” is attested by several of the most eminent citizens of Boston. The high standing of these gentlemen is evidence that they are actuated by no selfish motives, but we lament that they should lend their names to a speculation of this nature. One of the most eminent living medical writers in England has said, “there can be few better tests of a sound understanding, than the right estimation of medical evidence; so various are the complexities it presents, so numerous the sources of error. \* \* \* Look at what is necessary in strict reason to attest the action and value of a new remedy or method of treatment. The identity or exact relation of the cases in which it is employed; a right estimate of the habits and temperament, moral as well as physical, of the subjects of experiment; allowance for the many modifications depending on dose, combination, quality of the medicine and time of use; due observation of the indirect or secondary, as well as direct effects; and such observation applied, not to one organ or function alone, but to the many which constitute the material of life. All these things, and yet more, are essential to the completeness of the testimony.”\* And yet this medicine is offered to the public on the testimony of those whose professions, habits and pursuits, afford them no facilities for solving so complicated and difficult a question. The very number and variety of the complaints it professes to benefit, ought to convince its endorsers that a remedy of such extraordinary virtues could not exist without being daily used by physicians who would be thankful to avail themselves of it, were the half that is told of it true. It *has* been tried by intelligent physicians,

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\* Chapters on Mental Physiology, by Sir Henry Holland, M.D., F.R.S., &c.

and for one case of benefit resulting from it, they can point to half-a-dozen not benefited, or positively injured. The same may be said of a remedy which has of late been puffed and advertised into extensive use—the so-called "Russia Salve." This is a stimulating ointment, closely resembling, if not identical with the basilicon ointment (resin cerate), of the Pharmacopœia. When applied to an incised wound, or healthy granulating surface, its effect is to arrest the healing process, by establishing suppuration. Again and again we have witnessed this effect from its employment, and as there is so strong a tendency among the ignorant to employ some "healing" application to a cut surface, which only requires protection from foreign agencies to allow the natural healthy process to be accomplished, the so-called "remedy" is often productive of much harm. We appeal to the good sense of the community to withhold the public expression of their approbation of secret remedies, at least until they are assured by competent authority that they are innocent in their action.

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PROF. AGASSIZ'S GREAT WORK.

WE are gratified in being able to state that the subscription to Professor Agassiz's work, "Contributions to the Natural History of the United States," increases daily. Four hundred and fifty names were required as a guaranty, before the work could be commenced; but nearly five hundred have been obtained, and it is hoped to raise the number to one thousand. The number of subscribers in Boston and its vicinity alone, exceeds the whole number obtained in Europe during twenty years, to the Professor's celebrated work on *Poissons fossiles*.

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MASSACHUSETTS GENERAL HOSPITAL.

*Operations performed during the fortnight ending July 22.*

By Dr. TOWNSEND.—Operation for strangulated hernia; for hare-lip; amputation of great toe; subcutaneous puncture of psoas abscess; fistula in ano.

By Dr. WARREN.—Brainard's operation; operation for hernia; rhinoplasty.

By Dr. CABOT.—Tenotomy; operation for vesico-vaginal fistula; operation for necrosis of inferior maxilla.

By Dr. GEO. H. GAY.—Paracentesis abdominis for ascites; tenotomy, for varus of both feet.

By Dr. H. J. BIGELOW.—Rhinoplasty.

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*Cod-liver Oil with Quina.*—Mr. Bastick gives the following account of his mode of preparing this medicine:—The oleum morrhuae cum quina is simply a perfect solution of quinine in cod-liver oil. The quantity of quinine may be varied according to the wish of the prescriber, although it is generally employed in the proportion of two grains to each ounce of the oil. This preparation is best made in the following manner: The requisite quantity of disulphate of quinine is dissolved in distilled water, with the aid of a little dilute sulphuric acid. The quinine is precipitated from its solution by means of an alkaline carbonate; the precipitate is treated with boiling alcohol; the resulting alcoholic solution, after being filtered, is evaporated to dryness. The residue, which is pure quinine, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which is known by the oil becoming perfectly transparent.—*London Lancet.*

*Collodion in Hydrocele.*—Dr. Malik has published a case, in which a child was born with hydrocele of the left tunica vaginalis. Diuretics and local frictions were tried without success. Compression, by means of adhesive plaster, was resorted to, but irritation of the skin was produced without any diminution of the tumor. It was resolved to try collodion. The repeated application of this substance appeared to cause considerable pain; the child cried a deal, and slept ill; but there was no fever, or functional disturbance induced. In a few days notable diminution of the tumor was observed, and the application of the collodion was continued. The child gradually became habituated to the constriction occasioned by the collodion, and was not much annoyed by it. At the end of a month, the little patient was completely cured, no trace of a hydrocele remaining.—*Prag. Viertel-jahrsch. Bd. 38.*

*Nitrate of Silver for the Cure of Prolapsus Ani.*—Mr. Lloyd treats prolapsus ani by smearing the whole surface of the protruded bowel with solid caustic, and then returning the bowel. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd states that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him, for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swollen, and is difficult of reduction, the effect of the caustic is surprising. In one such case, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of haemorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.—*Med. Times and Gaz.*

*Phosphate of Lime.*—Dr. Kuchenmeister recommends the following formula in cases in which phosphate of lime is indicated:—Calcis phosphat., 3ij.; Calcis carbon. 3j.; Sacch. lactis, 3ij.; M. 3ss. bis terve in die. Instead of the milk sugar, lactate of iron may be substituted, if iron be required. The especial use of the carbonate of lime appears to be that carbonic acid is liberated by the acid of the stomach, and dissolves the phosphate. Lactic acid also is formed from the sugar, or is set free from the lactate of iron, and dissolves the phosphate. The most ready way of absorption is, however, when the phosphate is given with food, especially with milk, with which it forms a soluble combination.—*Schmidt's Jahrb.*

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**MARRIED.**—At Newton, on the 19th ult., J. N. Smith, M.D., of North Brookfield, to Miss Julia Collins, of Newton.—At Seabrook, N. H., on the 25th ult., O. F. Swasey, M.D., late of Essex, Mass., to Miss Mary Philbrick, of S.

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**DIED.**—In Tolland, Conn., 18th ult., Abijah Ladd, M.D., 67.

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*Deaths in Boston* for the week ending Saturday noon, July 28th, 85. Males, 43—females, 42. Accidents, 4—apoplexy, 1—congestion of the brain, 1—congestion of the brain, 1—consumption, 8—convulsions, 4—cholera infantum, 24—cholera morbus, 2—caries, 1—dysentery, 4—dropsy, 2—dropsy in the head, 4—drowned, 1—debility, 2—epilepsy, 1—infantile diseases, 6—scarlet fever, 1—disease of the kidneys, 1—hooping cough, 1—disease of the heart, 2—haemorrhage of the lungs, 1—congestion of the lungs, 1—marasmus, 2—palsy, 1—smallpox, 1—sunstroke, 1—teething, 6—thrush, 1.

Under 5 years, 56—between 5 and 20 years, 1—between 20 and 40 years, 17—between 40 and 60 years, 5—above 60 years, 6. Born in the United States, 67—Ireland, 16—Germany, 1—England, 1.

*Pencils of diluted Lunar Caustic.*—At the Samaritan Hospital, Mr. Spencer Wells has introduced the use of nitrate of silver in the solid form, diluted by a mixture of one, two, or three parts of nitrate of potass. The salts are melted together, poured into moulds, and allowed to cool. Those used by Mr. Wells are prepared by Mr. Bastick, chemist, of Brook street. They have certain advantages in practical application over solutions of the same strength. When applied to the conjunctiva of the eyelid, for instance, it is not easy to prevent a solution from extending much farther than necessary, or even from affecting the conjunctiva of the bulb or cornea. On the other hand, an undiluted stick of nitrate of silver acts too powerfully on the mucous membrane. By using the stick diluted with varying proportions of nitrate of potass, the required activity can be obtained, and the effect limited to the exact seat of morbid action. When the conjunctiva of the lid is alone affected, and it is desirable to avoid the action of caustic on the conjunctiva of the bulb, Mr. Wells is accustomed to wash the lid, after applying the caustic and before the eye is closed, first with a solution of common salt, which converts the unchanged nitrate into a chloride of silver, and then with pure water. In this manner all the good effects of caustic may be obtained without any of its inconveniences or evil consequences, and may be limited to any desired spot. In gonorrhœal affections of the urethra and vagina, and in various indolent or irritable sores, the same mode of applying the caustic becomes useful. The saving of expense is also worthy of some attention in charitable institutions and union practice.—*Med. Times and Gaz.* January 6, 1855.

*Gallic Acid in Pyrosis.*—Dr. Bayes says that, in pyrosis, where this disease is unaccompanied by extensive ulceration, or organic malignant disease of the stomach, or by disease of the liver, the most marked benefit will follow the use of the remedy. Gallic acid here not only checks the secretion with a certainty and rapidity he has never seen follow the administration of any other remedy, but it gives general tone to the stomach, increases the appetite, and (what I very little expected when I first used it) in many cases removes constipation. This I can only account for on the supposition that the relaxed atomic state of the stomach which favors pyrosis is continued throughout the alimentary canal, the constipation in these cases arising from want of power in the muscular coats of the intestines to expel the feces. The want of tonicity is remedied by gallic acid.—*Ass. Med. Journ.*

*Pomade of Proto-Sulphate of Iron in the Treatment of Skin Diseases.*—M. Devergie recommends the use of this remedy in those affections of the skin which in their essence are secreting, and which generally occur in lymphatic temperaments and constitutions, observing that its curative results are especially decided in eczema and eczema impetiginodes. Similar success attends their use in impetigo and intertrigo; and in eczema of the scrotum, often an obstinate affection, he had met with remarkable success from this application. It is a useful application, also, to the ulcerations which succeed to the vesicles or pustules of rupia and ecthyma cachecticum. It is useless in the scaly affections, and absolutely injurious in the bullæ, and in those essentially vascular, as pemphigus and herpes with large vesicles. It is also injurious in acute ecthyma, acne rosacea, and mentagra. In addition to being resolvent, M. Devergie considers that it modifies the vitality of the diseased tissues, a property which does not belong to tannin, oxide of zinc, calamine or alum. The following is the formula employed. Axunge 30 grammes (seven and a half drachms); proto-sulphate of iron crystallized and washed, 50 centigrammes to 1 gramme (eight to fifteen grains); dissolve the salt in a few drops of water, and incorporate it immediately with the axunge. Keep it from contact with the air.—*Bulletin Gen. de Therap.*, 1854, p. 553

*Industrial Museum, Edinburgh.*—The office of Director of the Chemical Department of the Industrial Museum, Edinburgh, has been conferred by Government on Dr. George Wilson—an appointment which has given much satisfaction, and which, while securing that the interests of science will be attended to, also furnishes a guarantee that popular utility will be duly cared for.—*Edin. Journal of Med.*